United States Postal Service

| First-Class Mail Postage & Fees Paid USPS | Permit No. G-10 |
| Sender: Please print your name, address and ZIP+4 in this box |
| Robert Werner | Environmental Protection Agency, Region 6 | PERFURE PROTECTION | PROTECTIO

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complitem 4 if Restricted Delivery is desired. Print your name and address on the reviso that we can return the card to you. Attach this card to the back of the mails or on the front if space permits. 	erse	A Signature A Signature A Agent Addressee B Received by (Printed Name) C. Date of Delivery
Article Addressed to		D. Is delivery address different from item 1?
Praxair, Inc 39 Old Ridgebury Road Danbury, Connecticut 06810-5113		
balloury, Connecticut voorto-3113	'	3 Service Type Certified Mall Express Mall Registered Receipt for Merchandise Insured Mail C O.D
		4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Transfer from service label)	7014	0150 0000 2452 7954
PS Form 3811, February 2004	omestic Re	turn Receipt 102595-02-M-1540

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